

## Applicant Information

## Personal Information

Full Name: HARRIS EVAN M  
Last First M.I.  
 Address: 3720 EDENBORN AVE.  
Street Address  
Metairie LA 70002  
City State ZIP Code  
 Home Phone: (504) 450-0951 Alternate Phone: (504) 473-9803  
 E-mail Address: kreeharris@aol.com  
 Social Security Number or Government ID: [REDACTED]  
 Birth Date: [REDACTED] Birth Place: New Orleans, LA  
 Religious Preference (optional): Lutheran Languages spoken: English  
 Height 5'10" Weight 180 Eye Color brown Hair Color brown Hair length short  
 Any identifying marks, tattoos, scars, etc

## Parent Information

Father: Friedrichs (Rick) Harris Mother: Kathleen (Kathy) Harris  
 Address: 3720 Edenborn Ave. Address: 3720 Edenborn Ave.  
Metairie LA 70002 Metairie LA 70002  
 E-Mail Address: kreeharris@aol.com E-mail Address: kreeharris@aol.com  
 Phone (best): (504) 473-9803 Phone (best): (504) 450-0951  
 Step Parent: — Step Parent: —

## Emergency Contact Information

Full Name: HERBERT Julie H.  
Last First M.I.  
 Address: 28 Briar Road  
Street Address  
Stratford PA 19087  
City State ZIP Code  
 Primary Phone: (610) 902-0261 Alternate Phone: (484) 433-0992  
 Relationship: paternal aunt

**Contract, Medical Authorization, Release, and Consent Agreements**Evan Matthew Harris

Print full name of participant

Date of Birth

Social Security Number

**CONSENT TO PARTICIPATE**

I hereby consent participation as a student in all activities conducted as part of Q&A Associates, Inc. I understand that the program is experiential in nature and that the learning and personal growth process may be physically, and emotionally challenging to me. I do hereby release Q&A Associates, Inc., its principals, directors, officers, employees, agents, and faculty, from any and all liability arising from injury or damages of any kind to my child's property or person arising out of his or her participation in all facets of the Q&A Associates, Inc.

**CONSENT TO EXAM AND TREAT**

I hereby authorize medical personnel contacted by the staff of Q&A Associates, Inc. and under the general or special supervision of a physician licensed under the provisions of the Medical Practice Act, to provide or conduct, upon the advice of the supervising physician, such medical procedures, as they deem appropriate to diagnose or treat me. This may include physical examination, X-ray examination, anesthetic, inoculation, immunization, vaccination, medical or surgical diagnoses or treatment, or hospital care, psychiatric evaluation, observation or treatment, psychological evaluation, testing or treatment. I further hereby authorize and consent to X-ray examination, anesthetic, dental or surgical diagnoses or treatment, or hospital care to be rendered to me as needed, by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay all fees and costs to anyone rendering emergency medical or dental care to me. I also authorize the staff of Q&A Associates, Inc. to provide pertinent medical information to health care providers in the case that either a medical or emotional emergency arises.

**PROCEDURES AND POLICIES FOR SAFETY AND WELL BEING**

Search and Seizure: I hereby authorize the duly trained, designated, and supervised personnel of Q&A Associates, Inc. to search my person or personal effects for the sole purpose of discovering and taking possession of any substances, items or things that Q&A Associates, Inc. considers, in its absolute discretion, to be dangerous or not in compliance with policies, rules and procedures including also prescription, over the counter, or illicit medications, drugs, or substances. Physician prescribed medications shall remain in my possession. I understand that all confiscated materials may be held and turned over to me or they will be disposed of or destroy.

**UNAUTHORIZED DEPARTURES FROM PROGRAM**

I release Q&A Associates, Inc. and its staff from any liability arising out of my leaving the program. I agree to pay all costs incurred by Q&A Associates, Inc. in returning me to a safe location. I further understand there will be no refund made should I decide to depart the program.

**AGREEMENT TO ARBITRATE ALL DISPUTES**

Q&A Associates, Inc. and the participant agree that any claim of any nature and description arising out of or connected in any way with my participation in the program, activity, mentoring, or lodging, or with any other matter arising from me and agreements with Q&A Associates, Inc., will be resolved by arbitration in accordance with the rules and procedures of the American Arbitration Association at its McLean, Virginia office. Questions regarding the scope of this Arbitration Agreement will be resolved by arbitration in accordance with the rules and procedures of the American Arbitration Association at its McLean, Virginia office. Any judgment on the findings or award rendered by the arbitrator may be entered in any court having jurisdiction. By entering into this agreement Q&A Associates, Inc. and the Participant each relinquish their right to have any such dispute decided in a court of law and further agree to waive their right to have a jury rule on any dispute. Instead, all parties accept the use of arbitration as an economical and expeditious way of resolving any such dispute.

**HIGH-ADVENTURE ACTIVITIES**

I understand that I am likely to participate in the following high-adventure type activities that may be consider risky such as rock climbing, repelling, rafting, kayaking, cross-country skiing, downhill skiing, sledding, tubing, swimming, etc. Some of these may have extra fees involved and you will be responsible for the fee in the event you chose to participate in non-included activities.

Signature Participant

EV HarrisDate 11/20/15